



Connecting

Creating A New Mental Health Service Delivery System for Our City

July/August 2005

Vol. 3 No. 20

Message from the Director Martha B. Knisley

New Year, New Challenges

The new fiscal year—starting October 1—will be one of great opportunities and great challenges for DMH, consumers and our partners. Community expectations are high, they should be. Our community deserves no less than a responsive, committed mental health system.

We are being asked to expand school-based mental health services, and services for youth in foster care and the juvenile justice systems and adults in the criminal justice system. We are forging ahead with the new acute care project. CPEP is moving to new quarters. St. Elizabeths construction is underway. Our Performance Improvement Projects at St. Elizabeths are underway. Our Supportive Housing and “Housing First” programs are expanding.

Consumers and families are more and more part of all of our activities, planning and policy making. Finally, we are getting a real boost with a five-year, \$3.3 million federal Substance Abuse and Mental Health Services Administration grant to enhance integrated treatment for persons with co-occurring disorders.

We need to get the word out on these changes and get your input as we go forward. So I am inviting you to attend one of three community forums being held in August to discuss changes being planned for the new fiscal year.

Continued on page 6

Mayor Williams Announces Support July as Minority Mental Health Month

Mayor Anthony A. Williams joined DMH Director Martha B. Knisley and New York Times bestselling author Bebe Moore Campbell recently to announce support for July as Minority Mental Health Month. This national initiative is to raise awareness among minority populations of the need for sound mental health and that services are available.



Mayor Williams introduced this issue at his June 29 weekly press briefing by emphasizing the need cultural competence in service delivery. He said, “As a world capital and the economic engine driving this region, the District of Columbia hosts visitors and commuters from every corner of the globe. We, through the DC Department of Mental Health, are ready to assist our guests as well as residents with their mental health needs in times of natural disasters and man-made crises and emergencies.”

He added, “All 1,500 DMH employees and those of the DMH network of 37 providers are required to receive eight hours annually of cultural competence training and training in consumer empowerment and mental health recovery issues.”

Director Knisley noted that cultural competence in mental health services is gaining prominence and was the topic of a recent *Washington Post* series by Shankar Vedantam. Among the findings she cited from the June 26 article, “Patients' Diversity Is Often Discounted: Alternatives to Mainstream Medical Treatment Call for Recognizing Ethnic, Social Differences,” is that “Black and Hispanic patients are more than three times as likely to be diagnosed with schizophrenia as white patients -- even though studies indicate that the rate of the disorder is the same in all groups.”

She explained that at DMH treatment decisions are to reflect the individual’s totality – age, gender, race, ethnic background, religion, national origin and language – to promote recovery and resilience among children, youth and adults with mental health needs.

Continued on page 2

The Department of Mental Health

invites

**Consumers, Family Members, Advocates,
Service Providers and Other Stakeholders**

Community Forums

Thursday, August 25, 2005

10:00 a.m. until 12:00 noon

or

2:00 p.m. until 4:00 p.m.

or

Tuesday, August 30, 2005

7 p.m. until 9 p.m.

McClendon Center

New York Avenue Presbyterian Church

1313 New York Avenue, NW

Take the subway

McPherson Square or

Metro Center

Limited meter parking
is available

To RSVP for one of the forums,
call Meredith Alexander at 673-4374

The forums will focus on how the FY 2006 budget supports recovery and resilience. After an overview of the budget, participants will separate into smaller groups to discuss either children/youth-related issues or adult-related issues.

Frances Priester Selected for CMHS Subcommittee

Frances Priester, Director of the Office of Consumer and Family Affairs, recently was appointed to the Center for Mental Health Services National Advisory Council's Subcommittee on Consumer/Survivor Issues. During her three-year tenure, Ms. Priester will work to amplify the voice of consumers by promoting and facilitating meaningful consumer participation in all aspects of CMHS programs.

The subcommittee serves as a fact-finding body that reports on specific needs, issues and concerns from the perspective of people living with mental illness. Also, the subcommittee is an extension of CMHS' continuing efforts to involve consumers/survivors at every level of the mental health system.

CMHS is part of the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration.

St. Elizabeths Trains Next Generation of Clinical Pastors



For the five students enrolled in the Clinical Pastoral Education (CPE) Program at St. Elizabeths Hospital, this legendary mental health institution is the best place to learn the significance of spirituality in the lives of people with mental illnesses. Most importantly, the training teaches students how to use their formal religious education to care for and counsel people with mental illness.

CPE student Ann Gillespie, an Episcopalian, said that the training in the hospital setting puts a "window into isolation." She added that the interpersonal relating provided through the CPE program is special at St. Elizabeths Hospital because it is one of two public mental health facilities in the mid-Atlantic region that offers training in pastoral care.

For **Carrie Krisak**, a Lutheran, her experience in the program thrust her into situations that caused her to adapt to different environments. The training confirms that, "You can't learn pastoral care in the classroom."

Baptist student Debra L6pez said she already sees the benefit of her CPE training and how it can be transferred to real-life situations in the community. Ms. L6pez said she learned of an issue at her church and wished she had been present to help support a member in need.

Ms. L6pez is doing exactly what **St. Elizabeths Hospital Chaplain Rev. Victoria Cowell** expects of her CPE students.

Continued on page 4

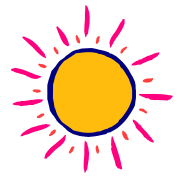
Continued from page 1

July Mental Health Month

Ms. Campbell recently published *72 Hour Hold*, a New York Times best-selling novel about a family's involvement with the mental health system after a child is diagnosed with a mental illness. She described her own journey as a family member whose loved one needed mental health services and the search for those services and the emotional support and understanding from others in a similar situation. An Inglewood, California resident, she said that in the beginning, the NAMI Beverly Hills chapter provided support, but later she and others founded their own NAMI chapter closer to home.

Ms. Campbell's children's book, *Sometimes My Mommy Gets Angry*, won the NAMI award for Outstanding Literature for 2003.

DMH CHIEF CLINICAL OFFICER WARNS OF HEIGHTENED RISK OF HEAT-RELATED ILLNESSES AMONG CERTAIN CONSUMERS USING PSYCHOTROPIC MEDICATIONS



DMH Chief Clinical Officer Steven Steury, MD, advised caregivers that consumers with diabetes, high blood pressure and other medical conditions who are prescribed psychotropic medications face greater risk of heat-related illnesses. The notice went out to the DMH provider network and members of the DC Hospital Association and included a pamphlet, "Heat Related Illness in Psychotropic Medication Users," Dale P. Svenson, MD, medical director of the Ohio Department of Mental Health.

"This summer already has set records for high heat and high humidity and August hasn't started yet," said Dr. Steury. "Dr. Svenson's pamphlet provides practical advice for consumers and caregivers to follow, including being aware of the weather, drinking plenty of liquids and wearing light-weight clothing. Most importantly, we want caregivers to be aware of how consumers are faring during the summer."

PATHWAYS TO HOUSING-DC CELEBRATES FIRST YEAR WITH FEDERAL, DC OFFICIALS AT DOWNTOWN BID

Housing is the most talked about topic in the District today, and it was the only agenda item June 24 when the Downtown Business Improvement District hosted a breakfast to celebrate Pathways to Housing – DC Assertive Community Treatment Team's first anniversary and its success in housing more than 40 chronically homeless adults who have mental illnesses.

"The key to ending homelessness is housing," said **DMH Director Martha B. Knisley**. "Housing first is a model program for people living on the streets and in parks, Metro stations and other public places in the District. A person is not required to use mental health services before receiving housing. It's the most effective way of moving people out of homelessness and into stable housing. I've seen the numbers. I've seen the research."

The most compelling testimony came from Charles, who recounted how Pathways guided his journey from the downtown bench he called home to the apartment where he has lived since December 2004.

"Reality didn't set in until I went to get that money order to pay my rent and utilities," he said. The tote bag he once used to hold all his belongings, "now is used for dirty clothes."

Deputy Mayor for Children, Youth, Families and Elders Neil A. Albert, United States Interagency Council on Homelessness Executive Director Philip Mangano, and Pathways to Housing Founder and Director Dr. Sam Tsemberis joined Director Knisley, Downtown BID officials Chet Gray and Joe Sternlieb, and National Alliance to End Homelessness Director Nan Roman for the celebration.

Deputy Mayor Albert emphasized the importance of partnership in solving the problem of homelessness and he said, "The District is one of the few cities with a 10-year plan to end homelessness." The "housing first" model is a partnership among Pathways to Housing, The Community Partnership for the Prevention of Homelessness, the DC Housing Authority, and DMH. Pathways to Housing is one of DMH's initiatives in the Mayor's 10-year plan, "Homeless No More."

PROVIDERS' NEWS

Green Door – from Green Door Member Omenda Bynum

On June 17, eight Green Door members headed to Manhattan. Their first stop was Fountain House, the original Clubhouse, which was founded by mental health consumers in 1948. Green Door member Omenda Bynum provided the following report. Fountain House takes up a whole city block and is one of the largest clubhouses in America. We were really excited about visiting it! Everybody was very friendly and made us feel so welcome. We visited the Art Gallery, then the Horticulture Unit (Fountain House has a farm, too, which we'd like to visit in the future), the Employment Unit, the Clerical Unit, the Research Unit, and the Education Unit. They also have an Advocacy Unit and a Reach Out Unit. We loved their snack bar. They sell hamburgers, hotdogs, and submarine sandwiches. "WANA" (We Are Not Alone) is the clubhouse model – a self-help model that was considered revolutionary back in the 1940s.



Continued on page 4

Continued from page 2

Hospital Chaplains Provide Leadership in Pastoral Training

She said most students go back to their congregation and can ask troubled members what's been going on because they are trained to ask direct questions in a benevolent manner. "Do you have an alcohol or drug problem?" Rev. Cowell says this is a question that CPE students should feel free to ask troubled members in the community.

Rev. Cowell said it is important for CPE students to understand that their primary role is to provide spiritual support and that proselytizing is not allowed

during the training. "The just pray harder and your illness will go away philosophy has been very destructive in church life,"

According to Rev. Cowell. St. Elizabeths Hospital CPE students learn to be supportive and to help people get treatment.

For 28 years, Rev. Cowell has taught students in the hospital CPE program. She said the greatest asset to the training received at St. Elizabeths is that students engage in the treatment program that enhances recovery from mental illness. "We help patients make meaning of life experiences and find hope in their future. Our real goal is to empower patients. That's what a chaplain does," said Rev. Cowell.

"We help patients make meaning of life experiences and find hope in their future. Our real goal is to empower patients. That's what a chaplain does," said Rev. Vickie Cowell.

For many seminaries, a CPE program is required for graduation. **Father Maximo Ortiz, DMH staff chaplain**, said the program provides a unique opportunity to walk along with patients "on a journey" and that listening is critical to understanding mental illness and providing help.

Helping people with mental illness was the foundation of the clinical pastoral program started in 1920 by a minister suffering from schizophrenia. In 1945, Dr. Ernest Bruder began the psychiatric chaplaincy-training program at St. Elizabeths Hospital.

Today, the program remains a national leader in training the clergy. Although pastoral care is an American concept, Rev. Cowell said that students from Norway, the Congo, Liberia, the Philippines, Italy and many other countries have participated in the hospital CPE training.

The St. Elizabeths Hospital CPE program recently received its 10-year accreditation renewal from the Association of Clinical Pastoral Education, Inc. Rev. Cowell said that there is no question that St. Elizabeths Hospital is a leader in field. She is extremely proud of the program and hopes that one day the student stipend that was eliminated in 2002 will be restored.

For more information on the CPE program call Rev. Cowell at 202-645-8700.

Continued from page 3

Providers' News

We had a sensational time in the rest of New York, too. We saw lots and lots of billboard signs lit up. The people in the city knew Green Door was there! We proudly wore our Green Door t-shirts. There were thousands and thousands of people walking through the streets. I never saw so many people. The Hustle and Bustle, but the people must have a fabulous life of shopping and bargaining with the street vendors. We went sight seeing, too. We visited Times Square, the Public Library, Rockefeller Center, Saint Patrick's Cathedral, the Empire State Building, Central Park, Bryant Park, Radio City Music Hall, and the NBC Novelty Store. I got up that morning at 4:00 am to get ready for the trip. We got back at 9:00 pm. A perfect day!

Scruples Corporation – from CEO Sharon Yorke-Cyrus

Scruples Corporation held a picnic for our consumers – Consumers Appreciation Day – at the Anacostia Park in southeast Washington. Staff organized games and activities for the children and prizes were awarded to the winners. The picnic was sponsored by Shoppers Food Warehouse, Sam's Club, Costco, Murray's, Safeway and Whole Foods.

Our consumers had a wonderful time and the event was a success.

Saint Thomas Parish's "Art in the Park" exhibit of local artists included three photographs taken by patients in St. Elizabeths Forensic Services Lens and Pens program. One patient's pictures sold for \$170 on the very first day!! The exhibit ran from June 25-July 24.

WHAT'S A RECOVERY-BASED SYSTEM?

A system based on the belief that people can recover from mental illness. Services and supports for consumers and their families are tailored to:

- Empower them to improve their quality of life;
- Address individual needs;
- Focus on strengths and resiliency;
- Provide choices and immediate access; and
- Provide opportunities to participate in day services, regardless on mental health disability.

Welcome to New DMH Employees

Jessie Battiste

Management Analyst
Mental Health Authority

Stevie Dickens

Barber
St. Elizabeths Hospital

T. Allen Gore, MD, MBA

Associate Director of Medical Affairs
St. Elizabeths Hospital

Cynthia Elaine Holloway

Director, Comprehensive Psychiatric
Emergency Program (CPEP)

Annie Ruth Holmes

Supervisory Psychiatric Nurse
St. Elizabeths Hospital

Tamisha Mitchell

Psychiatric Practical Nurse
St. Elizabeths Hospital

Robin Nicholson

Clerk
Mental Health Authority

Clifton Edward Robinson

Mental Health Specialist
Mental Health Authority

Tony M. Small

Psychiatric Practical Nurse
St. Elizabeths Hospital

Veronica Taylor

Accounts Payable Technician
Mental Health Authority

Tiffney Teasdel

Project Coordinator
Mental Health Authority

Rhonda Yvette Watson

Social Worker
Mental Health Authority



Thomas is a 14-year-old African American male in the 8th grade. He was born and raised in Washington, D.C. with his mother, father, two younger sisters (age 9 and 4), until his parents' separation and divorce. Thomas's dad moved to Baltimore and presently resides there with his fiancée and her two children, a male age 13 and a female, age 6. Thomas stays with his mom and younger siblings on the weekdays and spends most weekends in Baltimore. He is very pleasant, outgoing, and is liked by his peers. Many school personnel describe Thomas as a polite and respectful adolescent.

The school clinician met Thomas the second day of the school year when he approached the clinician and asked, "So, what do you do? Do you talk to kids about their problems?" The clinician explained her role as a school social worker and a session was scheduled for the following day. Thomas initiated treatment and committed to arrive to school early once a week for sessions. At the first session Thomas arrived with a self-referral reporting that he was feeling "depressed" and that this was related to his parents separation. Thomas expressed difficulty adjusting to the separation and subsequent divorce, including building new relationships with his father's fiancée and her two children, especially the 13-year-old boy.

The clinician telephoned his mom to discuss the issues. Mom agreed to follow-up with the clinician but she did not. Thomas told the clinician that he was angry with his mom because she did not want him to attend therapy. The clinician continued to reach out to his mom but she continued to display ambiguous behavior, agreeing to certain responsibilities and then not following through. Finally, in early October, mom verbalized concern to the clinician that she did not want the therapeutic process to support Thomas's wishful thinking of his parents' reuniting. For the first time, mom conversed with the clinician and considered that therapy could be beneficial for Thomas and agreed to sign the consent form.

Mom did not return the form and the clinician was growing increasingly concerned because therapy sessions were suspended pending receipt of mom's consent. During this time period the clinician noted that Thomas was increasingly utilizing hostile verbal language and engaging in aggressive physical behavior. In late October after discussing these developments with his mom, she finally returned the signed consent form yet she expressed an unavailability to engage in the treatment process. Almost immediately, the clinician noted a change in Thomas's "acting-out" behaviors.

After the counseling resumed, Thomas reported difficulty communicating with his parents, especially when it related to their divorce. The clinician explored less threatening issues for Thomas to discuss with his parents such as a health concern. Thomas used this approach and when his question was met with a calm, caring response, he was able to take more risks in expressing himself to his parents.

Continued on page 7

Director's Message Continued from page 1

We will hold the forums August 25 and 30, at McClendon Center (see page 2 for times and address). We need all stakeholders – consumers, family members, advocates, providers and other interested parties – to provide input and learn more about plans for the coming year. We will open the forum with an overview of new and expanded services and supports and then work in smaller groups on either children and youth-related issues or adult-related issues. I urge you to put this on your calendar and join the discussion.

MST Now Available to DYRS Children/Youth

A contract between DMH and Youth Villages, the Multi-systemic Therapy provider, will make this service available to children and youth in the care of the Department of Youth Rehabilitation Services. In FY 2006, DMH expects MST services to become Medicaid-reimbursable within the Mental Health Rehabilitation Services system. Several consumers were pre-selected in order that services can begin immediately.

New Jail Diversion Initiative

DMH has been funded to broaden and strengthen its adult criminal justice system initiatives in 2006; however, the urgency of reducing jail overcrowding, led to a \$750,000 allocation to DMH to begin this initiative this quarter. Hiring is underway to add staff to jail services, for a pre-booking diversion program and expanded after-release services. A consortium of providers will be available to deliver mental health services to consumers. The providers include Marshall Heights, Family Preservation, the DMH Homeless Outreach Program, McClendon Center and the DC Community Services Agency. This new four-part initiative addresses pre-booking, post-booking, in-custody and after-custody services for people with mental illnesses. I testified at the Committees on Health and the Judiciary June 29 joint hearing on prison healthcare about the vital role mental health services perform in the Department of Corrections healthcare system.

New Initiative to Restore Competency

DMH and the courts initiated this new project to provide mental health treatment for individuals with severe mental illness who are brought before the courts for criminal behavior. As part of this “return to competency” project, the DC Community Services Agency will provide psychiatric and other needed services to these individuals to restore them to legal competency and help them better manage their illness. The project is located at the DCCSA, 1125 Spring Road, NW site where operations began in July.

FY 2005 Community Services Reviews Results Released

DMH released the results of the annual Community Services Reviews (Dixon requirement) conducted among children/youth and adult consumers in March and April to assess system performance in improving consumer functioning.

For the child/youth review, the overall results of acceptable practice performance (47 percent) by community providers had not substantially changed from 2004 (43 percent). For the adult review, the community providers had demonstrated modest improvement in acceptable practice performance (51 percent) over 2004 (39 percent). The required acceptable practice performance is 80 percent.

Continued on page 8

Summer Fun for Children and Youth

Mayor Anthony A. Williams kicked off summer and the swimming pool season in June by doing his annual cannonball “dive” at the Anacostia Pool immediately following his weekly press briefing, which was held poolside. Formerly known as “Safe Passages,” DC Summer Fun, which ends in August, is a collaborative project of several District agencies and community partners. Participating agencies include: Department of Parks & Recreation; DC Public Schools; State Education Office; DC Public Library; Department of Mental Health; Department of Human Services; Department of Employment Services; and the Children and Youth Investment Trust Corporation (CYITC).

For the first time, DMH is a partner in this effort. There are three ways to access information about these DC Summer Fun programs and services, including the list of DMH Mental Health Rehabilitation Services providers, the DMH youth hotline (1-866-245-6340 and the Access HelpLine, 1-888-7WE-HELP. The Summer Fun guides were mailed to all households in the District; the DC Summer Fun Web site – www.summeryouthprogram.dc.gov – provides information and also contains a new geo-locator feature, and Answers, Please! – [202-463-6211](tel:2024636211) - provides the same information available on the Web site by phone, 24/7 in multiple languages.

Save the Date — Friday, September 16

ANNUAL MENTAL HEALTH CONFERENCE

The DC State Mental Health Planning Council and the Department of Mental Health are pleased to announce the annual mental health conference -- Towards Resiliency and Recovery: Transitions in Mental Health on Friday, September 16, 8:00 a.m. until 4:00 p.m. The conference will be held at the Renaissance Washington Hotel, 999 9th Street, NW.

This year's conference will address the specific mental health challenges facing young children and youth, adults and older adults, and individuals from different cultures. Conference organizers are focusing on age and cultural issues that require different approaches to foster resiliency and successful recovery.

Juanita Reaves, Ph.D. said that in the past there has been a "one size fits all" approach to treating mental illness. Now, clinicians and consumers recognize that there is a difference in treating people at various stages of their lives. For example, older adult consumers suffering from dementia are likely to have different needs than other adult consumers.

Continued from page 5

School Mental Health Success Story

As the therapeutic relationship between the clinician and Thomas evolved, the clinician noted that he fabricated stories about things such as his parents reuniting, "saving" the fiancée's son from danger, dad leaving his fiancée, and dad expressing his "hate" toward his fiancée's son. Thomas utilized his enhanced communication skills to express his fears to the clinician and together they were able to confront some of his fantasies and defenses.

The clinician explained to Thomas that often when an individual expresses anger there is another feeling behind it, for example, feeling angry with someone when you are really jealous.

Throughout the therapeutic relationship various intervention strategies were utilized and focused on already existing coping mechanisms. Thomas began to rely on his closely evolving relationship with his mother as a support mechanism. Thomas's overall communication skills were enhanced in all of his relationships, more importantly, his relationship with his parents improved as he identified and expressed his feelings. Thomas also experienced an elevation and stabilization in his mood. Additionally, Thomas began to form a positive relationship with his father's fiancée's son.

Through the remainder of the counseling, the clinician and Thomas explored his feelings about the challenges of adjusting to a blended family, as well as both previous and newly developed coping mechanisms, skills, and strengths that he could utilize throughout the summer. Thomas verbalized during the last session together, "changes will be occurring some for the better and some for the worse, but I will deal with them.... I want my dad to be happy."

Attend August Planning Sessions for Peer Drop-In Centers

If you could go to a nice, safe place and interact with your peers on any given day, where would you like to go and what would you like to do? Consumers will have an opportunity to answer these questions and discuss other options for a peer-run drop-in center in the District of Columbia. On Tuesday, August 9 and Tuesday, August 23 at 2:30 p.m., consumers are invited to participate in an open forum to discuss "What Consumers Want in a Peer-Run Drop-In Center" at 1250 U Street, NW, 3rd Floor Conference Room.

Yvonne Smith, Peer-Recovery Specialist, Office of Consumer and Family Affairs, said that there is a need for drop-in centers because not every consumer requires the intensity of day service programs. A drop-in center is an outlet where a peer-run support group can address everything from socio-economic and to cultural concerns of consumers.

Ms. Smith said, like everyone else, consumers have different values and different interests. A peer-run drop-in center can bridge those differences.

The Department of Mental Health is planning to open its first peer-run drop-in center in early 2006. A site for the center has not been identified.

The DMH Office of Consumer and Family Affairs is sponsoring the forum in conjunction with "The Recovery Group" from the National Mental Health Association. Refreshments will be served.

Director's Message Continued from page 6

If you would like a copy of either the Adult or Child Review and scores for each of the Core Service Agencies, please call 202-673-7440.

DMH's Role in Reducing Youth Violence, Homicides

Today's headlines tell the story of youth in crisis. This month DMH participated in the Council hearing where solutions were raised, including those provided by the DMH School Mental Health Program, which is noted for reducing obstacles to learning. At the July 11 hearing, Neil A. Albert, Deputy Mayor for Children, Youth, Families and Elders, noted that in the 2005-2006 school year, 15 more schools will begin using the SMHP's successful formula of prevention, intervention and other services and supports for children, youth and their families, as well as school personnel.

Juvenile Justice Policy Academy

The District has been selected to participate in the September 13-15 National Center for Mental Health and Juvenile Justice Policy Academy on "Improving Services for Youth with Mental Health and Co-Occurring Substance Use Disorders Involved with the Juvenile Justice System." The District's team consists of a consumer and DC government represents from DMH, DYRS, Metropolitan Police Department, Court Social Services and the Addiction Prevention and Recovery Administration.

MHRS Providers Budget Work Sessions

MHRS providers are meeting in several work sessions prior to the start of the FY 2006, beginning July 26 with DMH staff to plan for changes in allocation for FY 2006. DMH is providing an overview of how funds will be allocated to better serve consumers in priority populations and to help providers develop business plans to target populations to be served and services to be offered given funding constraints and priority needs. Providers received tools to help them analyze their consumer mix and determine the types and quantities of services they should plan to deliver during FY 2006. The next phase involves meeting individually with each provider to review their analyses. A second work session will be held as well as individual sessions prior to October 1.

Wrapping Up St. Elizabeths' 150th Anniversary

Anyone who missed the St. Elizabeths Hospital Educational Symposium in May or the Living History event in June, all is not lost. You can get audiotapes of these events by contacting The Digital Record, Inc. at 1-800-338-2111 or www.digitalrecord.org.



Celebrating Our Graduates

Lois Calhoun, MHA, Adult Services Specialist

Son: Phillip Calhoun graduated from Bethesda Chevy Chase High School and will attend Drexel University in Philadelphia, PA.

Susan Compton-Maddox, MHA, Human Resource Specialist

Daughter: Sandra Rachel Pauline Schmuhl, received her Bachelor of Arts degree from Pratt Institute in Brooklyn, NY. She will attend Columbia University for her Master of Arts degree in writing.

Brenda Lateef, St. Elizabeths Hospital, Training Specialist

Daughter: Ayana Lateef, graduated with dual degrees - a BA in Human Ecology from the University of Maryland Eastern Shore and Associate of Arts degree in Advertising and Marketing Communications from the Fashion Institute of Technology, NY, NY.

Niece: Rika Lawrence received her Bachelor of Science degree in Agribusiness from Florida Agriculture and Mechanical University, Tallahassee, FL.

Anna S. Sanders, MHA, Contract Specialist

Daughter: Janis Cherrell Sanders, received her Master of Science degree in Textile Engineering - Polymer Science from Cornell University, Ithaca, NY.

Tiffney D. Teasdel, DC CINGS Project Coordinator, received her Master of Social Work from Howard University.

Congratulations to the graduates and their families!



JUST A REMINDER: Call Meredith Alexander today at 673-4374 to RSVP for one of the August 25 and 30 Community Forums on how the FY 2006 budget supports recovery and resilience. We need your voice.